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CASE NAME:	CASE NUMBER:
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6. e. Previous withdrawals from this account (*select one*):

- (1) ☐ None.
 (2) ☐ As follows:
 (a) Amount: \$
 (b) Date:
 (c) Purpose:

☐ Additional withdrawals from this account described in Attachment 6e.

☐ Continued (*provide information relating to each additional account from which funds are to be withdrawn on a separate attachment designated as Attachment 6*).

7. Amount of funds to be disbursed under this petition:

- a. ☐ Balance of account or accounts.
 b. ☐ Other (*specific total amount to be disbursed*): \$

8. Reasons for disbursement of funds:

- a. ☐ Minor has attained the age of 18 years or older, and this is a final distribution.
 b. ☐ Other (*describe*):

9. Payee to whom funds will be distributed:

a. Payee (*name*):

- (1) Address:
 (2) Amount: \$
 (3) Purpose:

b. Payee (*name*):

- (1) Address:
 (2) Amount: \$
 (3) Purpose:

c. Payee (*name*):

- (1) Address:
 (2) Amount: \$
 (3) Purpose:

d. Payee (*name*):

- (1) Address:
 (2) Amount: \$
 (3) Purpose:


☐ Continued (*if there are additional payees, make a list and attach it to this petition as Attachment 9*).

10. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PETITIONER)
☐ SIGNATURE FOLLOWS LAST ATTACHMENT